



Kansas Attorney General

Kris W. Kobach

Private Detective Licensing Unit

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UNLICENSED ACTIVITY FORM

Mail to:

Private Detective Licensing

Office of Attorney General

120 SW 10th Ave

Topeka, Kansas 66612-1597

1. Name of person and/or agency engaging in private detective business without a Kansas license.

Name

(Last name, First Name)

Agency Name

(if applicable)

Address

(Full Street address)

(City)

(State)

(Zip code)

Phone

(area code, number & extension)

2. Name of person providing the information:

Name

(Last name, First Name)

Address

(Full Street address)

(City)

(State)

(Zip code)

Phone

(area code, number & extension)

3. **DETAILS OF UNLICENSED ACTIVITY:** As fully as possible, provide details concerning the unlicensed activity, including any dates, locations, other specifics. Also include names, addresses, and phone numbers of any other persons who may have knowledge of the incident(s). Please specify your relationship to this person, e.g., client, employer, employee, etc. Use extra pages if necessary. Attach copies of any documents, which support your statement.

4. As part of an investigation into this matter, the Office of Attorney General may require the person and/or agency to respond to your allegations(s). While we cannot promise anonymity, is there a reason why you would not want this person to be informed of your identity? Check one: yes no. If you checked “yes, please explain:

5. Will you willingly testify in a hearing before the Attorney General or her designee should formal disciplinary proceedings be initiated? Check one: yes no. If you checked “no”, please explain:

Signature: _____

Date: _____